STATE OF KANSAS WELL PLUGGING RECORD STATE CORPORATION COMMISSION K.A.R.-82-3-117 API NUMBER_ 15-057-20184 -0000 200 Colorado Derby Building Wichita, Kansas 67202 LEASE NAME Vise TYPE OR PRINT WELL NUMBER 2 NOTICE: Fill out completely and return to Cons. Div. _____ Ft. from S Section Line office within 30 days. ____ Ft. from E Section Line LEASE OPERATOR Seagull Operating Co. · SEC. 14 TWP. 285 RGE. 21 KEXOr (W ADDRESS 416 Traffis Suite 1215, Shreveport, LA 71101 COUNTY Ford PHONE (318) 226-9170 OPERATORS LICENSE NO. 07016 Date Well Completed 4-7-81 Character of Well _Good_ Plugging Commenced 3-2-94 (Oll, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 3-10-94 The plugging proposal was approved on __3-2-94 (date (KCC District Agent's Name) by ___Rankin__ Is ACO-1 filed? yes ___ If not, is well log attached?_____ Producing Formation _____ Depth to Top_____ Bottom______T.D. Show depth and thickness of all water, oil and gas formations. OIL, GAS OR WATER RECORDS CASING RECORD Formation Content From Size Put In To Pulled out 8.5/8 None 5138 4000 Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing It into the hole. If cement or other p were used, state the character of same and depth placed, from feet to feet each's Pump 100sx hulls, 30sx cement, stopped at 4800 through casing, cut casing at 4000, pulled pumped 300 hulls, 15 gell. 50sx cement, 10 gell, 100 hulls, 175sx cement, 60/40 POZ, 6% gell at surface (if additional description is necessary, use BACK of this form.) Name of Plugging Contractor Clarke Corporation Licens Albana Licens Lice ATION COMMISSION Address P.O. Box 187, Medicine Lodge, KS 67104 GONSERVATION DIVISION NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Seagull Operating Co. Wighita, Kansas STATE OF Kansas county of Barber Jeff Sletto (Employee of Operator) or (Operator above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God. (Signaturé) (Address) <u>Medicine Lodge</u>, KS 67104 SUBSCRIBED AND SWORN TO before me this 14 day of March , 1994

My Commission Expires: Aug. 17, 1994

Notary Public